

FIG. 1



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RETAIL PHARMACY A				
NURSING HOME Z: PROZAC				
9/1/2000-9/30/2000				
REPORT SUMMARY	150 #RX	152 NEW	154 REFILLS	156 AMOUNT
REPORT TOTALS	8	1	7	420
NEW RX TOTALS	1	1		30
REFILL TOTALS	7		7	390
PATIENTS: JOHN SMITH, JOHN DOE, JOHN JOHNSON, JOHN JONES, JANE SMITH, JANE DOE, JANE JOHNSON, JANE JONES				

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FIG. 2A

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RETAIL PHARMACY B				
NURSING HOME Y: PROZAC				
9/1/2000-9/30/2000				
REPORT SUMMARY	150 #RX	152 NEW	154 REFILLS	156 AMOUNT
REPORT TOTALS	4	2	2	80
NEW RX TOTALS	2	2		30
REFILL TOTALS	2		2	50
PATIENTS: BILL SMITH, BRIAN JOHNSON, MARY JONES, MARTHA ADAMS				

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FIG. 2B

PHYSICIANS ORDER SHEET		
FACILITY: NURSING HOME Z		
ORDER REVIEWED BY: <u>NURSE SMITH</u>		DATE REVIEWED: <u>9/30/2000</u>
MEDICATIONS	HRS.	PHYSICIANS ORDERS
PROZAC 20 mg TAB -ONE TABLET BY MOUTH DAILY <u>6/10/2000</u>	6 AM	DIET: NO CONCENTRATED SWEETS *HYPERTENSION FOUND
PREVACID 15 mg CAP -TWO CAPS BY MOUTH DAILY <u>6/10/2000</u>	7 AM	
PAXIL 20 mg TAB -ONE TAB BY MOUTH DAILY <u>6/10/2000</u>	9 AM	
		RECAPPED: 9/30 NURSE SMITH, RN
		PHARMACIST REVIEW COMPLETED: <input type="checkbox"/> NO APPARENT IRREGULARITIES FOUND <input type="checkbox"/> REFER TO CONSULTANT REVIEW FORM SIGNATURE: _____ DATE: _____
		FROM: 9/1/2000 THRU 9/30/2000
		ATTENDING PHYSICIAN: DR. JONES SIGNATURE: <u>Dr. Jones</u> DATE: <u>9/30/2000</u>
		GENERIC EQUIVALENTS MAY BE USED UNLESS THE ORDER IS SPECIFICALLY FOLLOWED BY THE NOTATION: USE NO SUBSTITUTES
		PATIENT: <u>PATIENT 1</u> MEDICAID #: _____
		ADMIST #: _____ MEDICARE #: _____
		ADMIT DATE: _____ AGE: _____ SEX: _____
		BIRTH DATE: _____

FIG. 3

SIGNATURE	INITIALS	SIGNATURE		INITIALS		SIGNATURE		INITIALS		180 MEDICATION ADMINISTRATION RECORD																						
		NURSE SMITH		N.S.		NURSE JONES		N.J.		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
176																																
MEDICATIONS	HOURS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PROZAC 20 mg	6 AM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
DAILY																																
PREVACID 15 mg	7 AM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
DAILY (2X)																																
PAXIL 20 mg	9 AM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
DAILY																																

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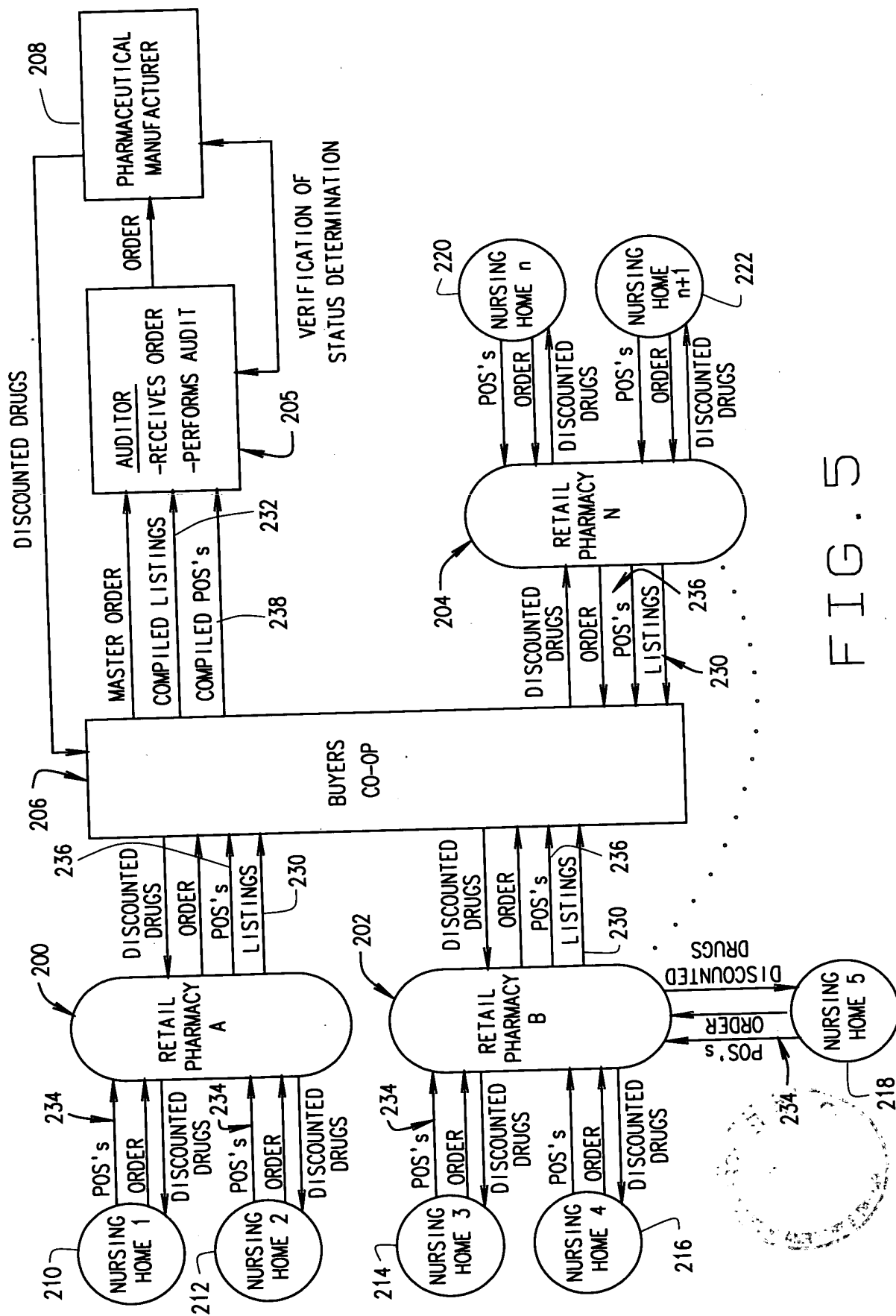


FIG. 5

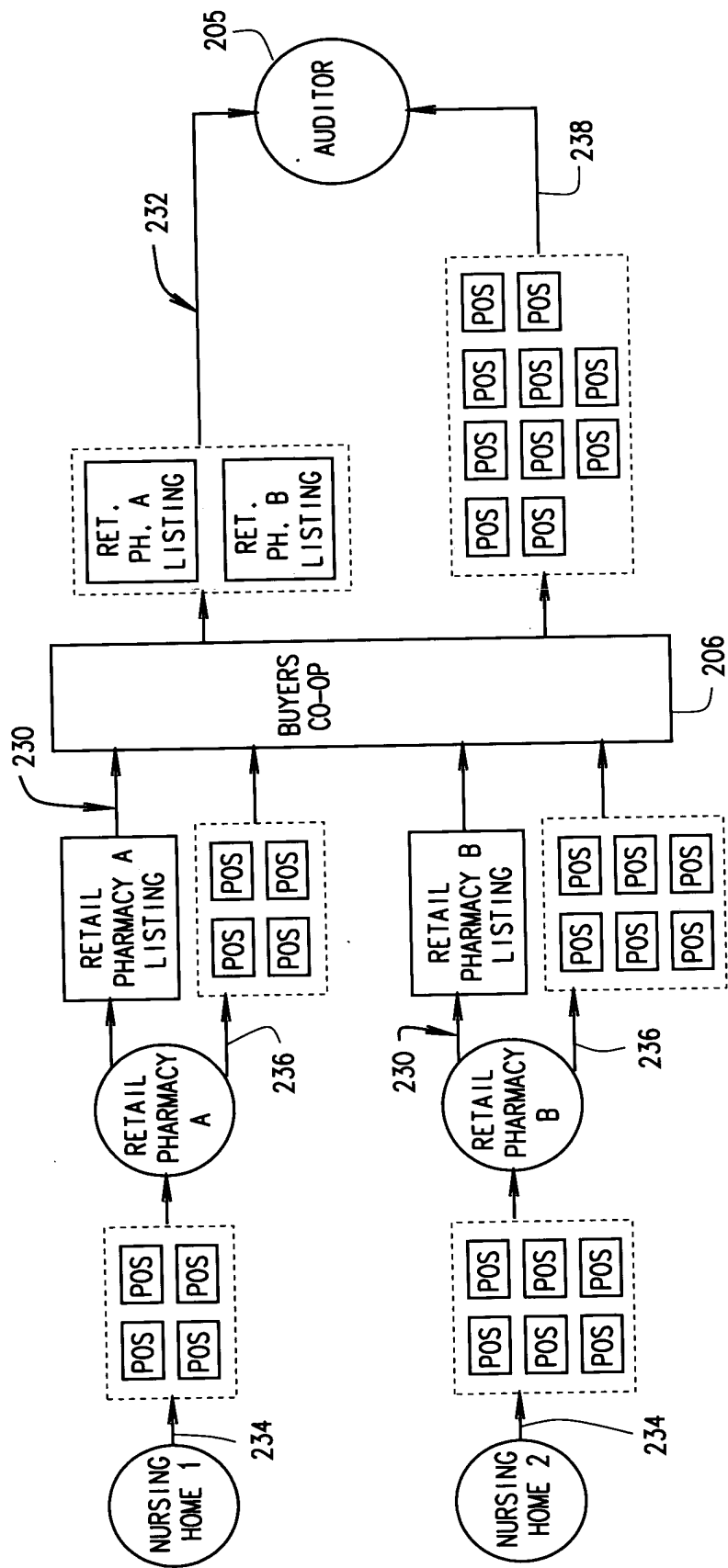


FIG. 6



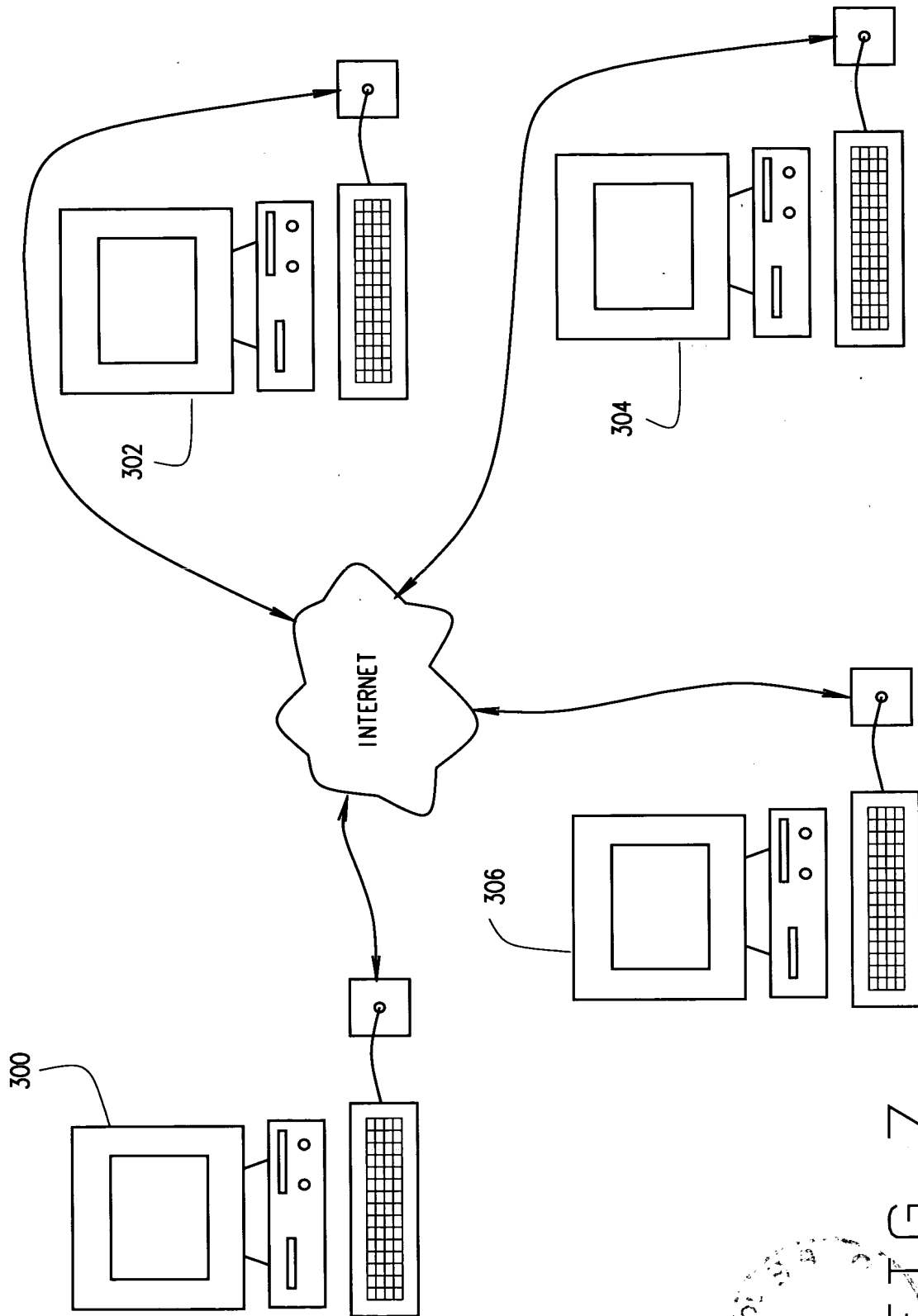


FIG. 7

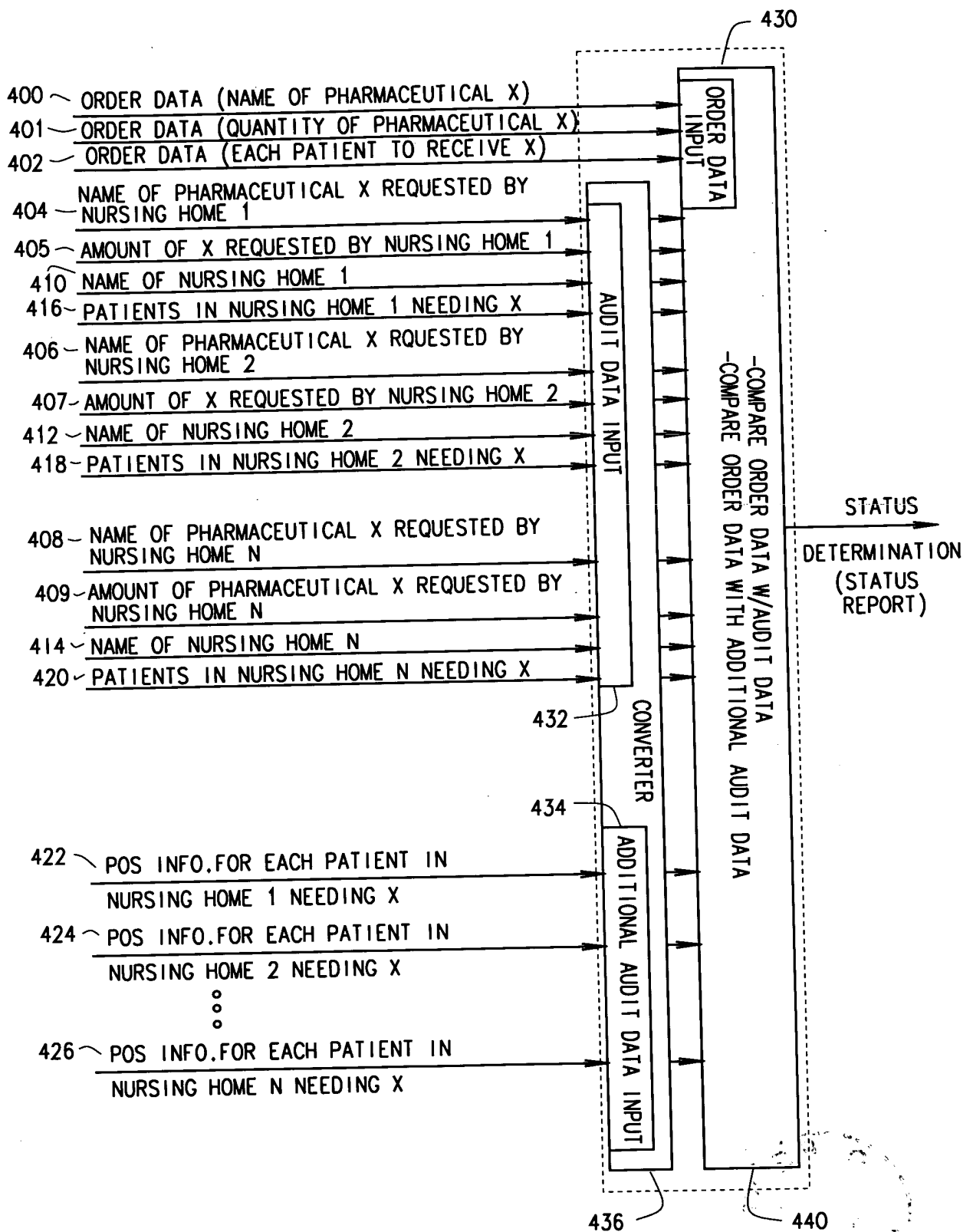


FIG. 8

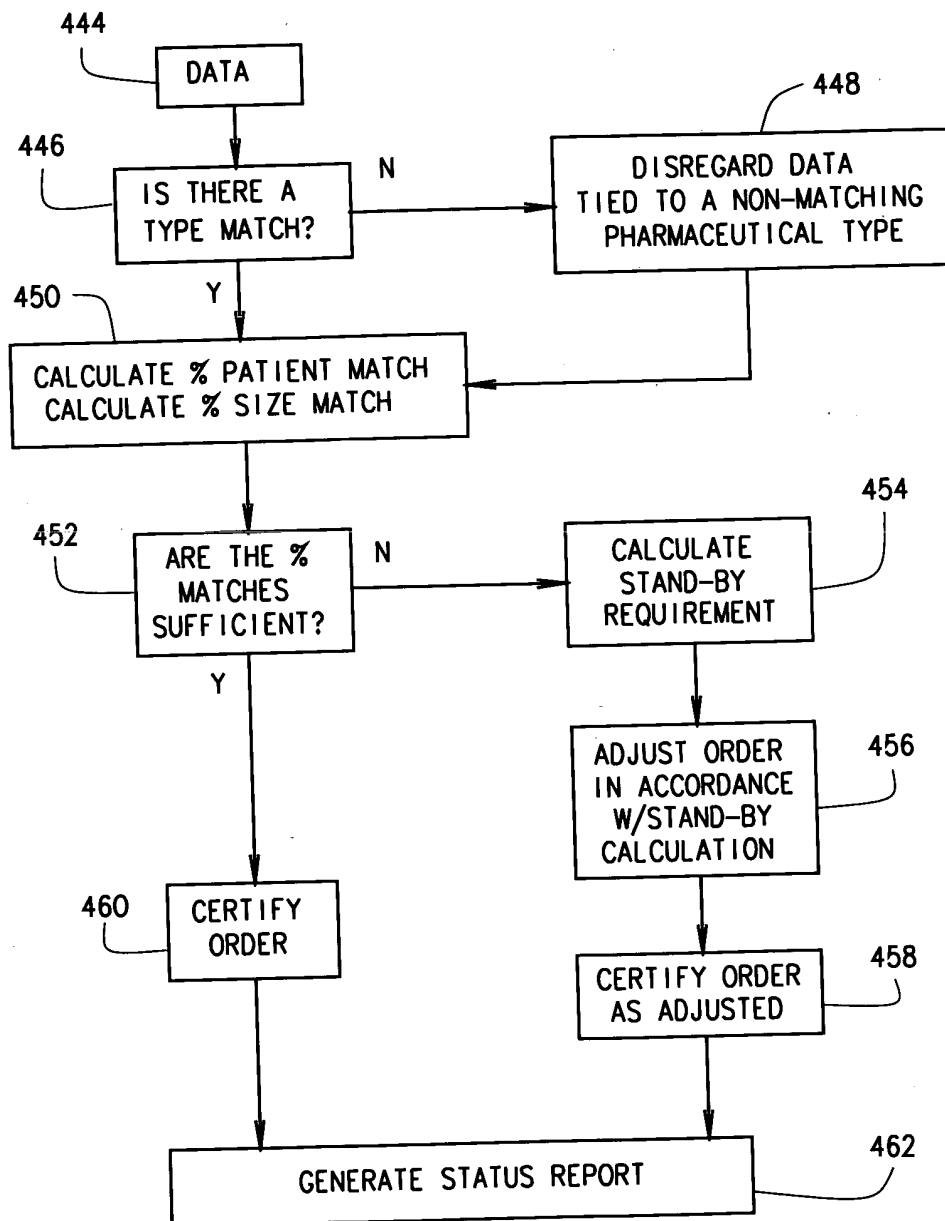
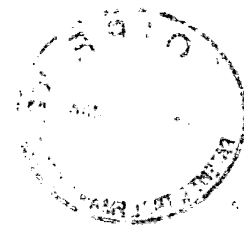


FIG. 9



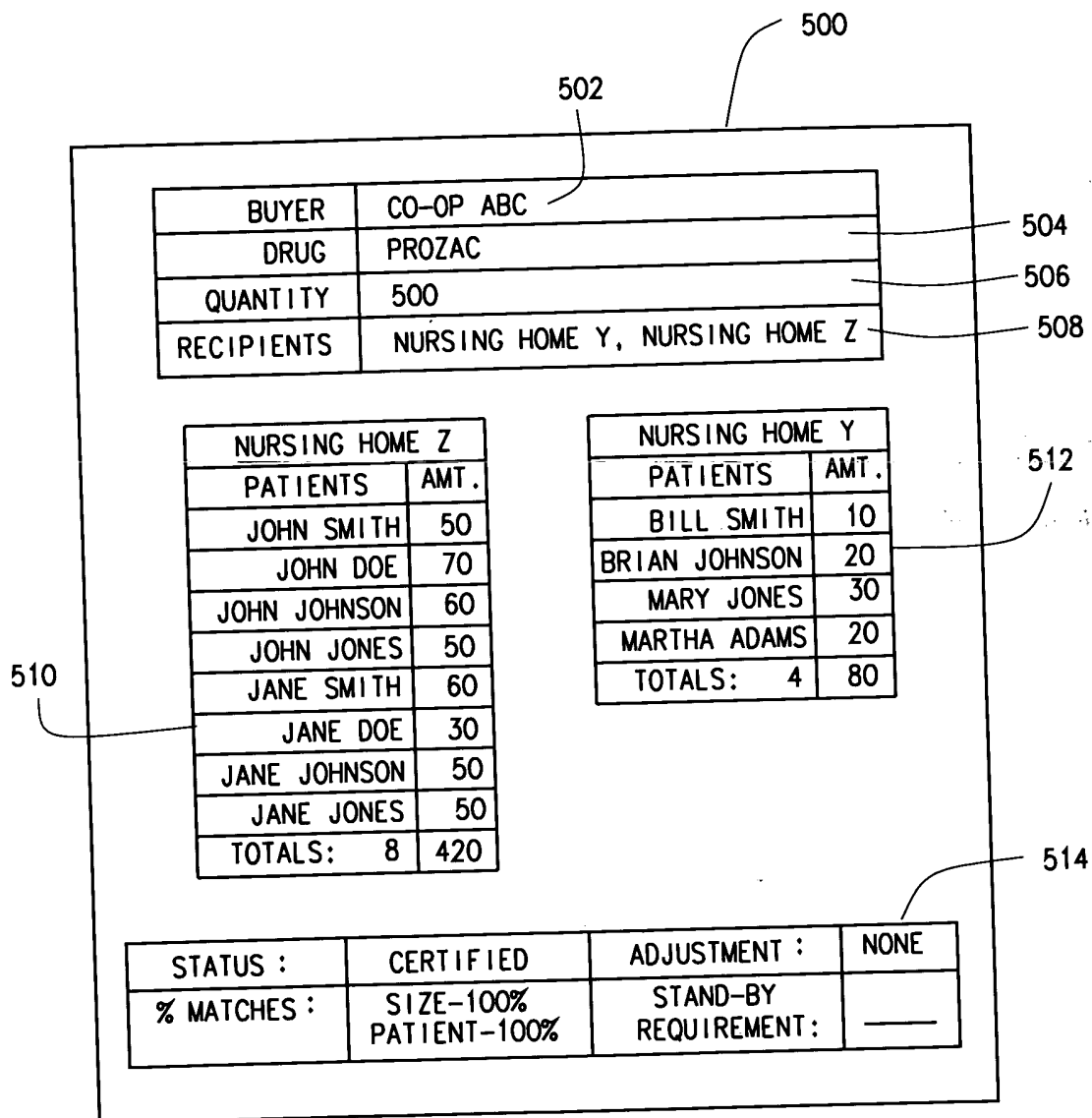


FIG. 10

